	PATE	ORI	Application or Docket Number														
		10-620760															
ı	•	. (	CLAIMS		S FILED - PART I					SMALL ENTITY				OTHER THAN			
	TOTAL CLA	JMS	<del></del>	100	(Column 1) (Column 2)				TYPE			OR SMALL ENTITY					
I	FOR			NÚM	BER FILED	A710	MBER EXTRA	┨			EE		RATE				
	TOTAL CHARGEABLE CLAIMS				minus 20=		WDEN EXTRA	-			5.00	OR	BASIC FI	EE 79.0.	00		
INDEPENDENT CLAIMS				17	minus 3 =	•	<del></del>	1	X\$ 25	)= 		OR	X\$50=	·   ·			
	MULTIPLE DE	PENDE	NT CLAIR	A PRESENT		——————————————————————————————————————			X100	=		OR	X200=				
ŀ	If the differe	nce in c	column 1	is less that	ess than zero, enter '0' in column 2			, [	+180	-		OR	+360=				
ŀ	•			AMEND		TOTA			OR.	TOTAL	79	ġ.					
r	1 1 1		CLAIMS		(Colum	n 2)	(Column 3)	<u>L</u>	SMAL	L ENTIT	ry c	)FI		R THAN ENTITY			
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CINCIPI	·· ·· ·	REM . AF	AIMS AINING TER IOMENT	. <del>-</del>	HIGHEST NUMBER PREVIOUS	Y	PRESENT EXTRA	R	ATE	ADDI- TIONAL	]	<u></u>		ADDI: TIONAL			
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••#	the Highest Nu	mbor Pro	Mousiy Pal	o For IN IHIS	SPACE IS less	than 2	0, enter *20.*	Annn	OTAL FEE		OR		TOTAL T. FEE		ŀ		
- []	ne "Highest Num	ber Previ	iously Paid	For (Total or	S SPACE is less Independent) is	the hig	hest number fo	und in	the appr	opriate ba	x in cot	umn 1	1.				